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**ATTORNEY GENERAL**  
**OFFICE OF THE INDIANA ATTORNEY GENERAL**  
5th Floor - Indiana Government Center South  
302 West Washington Street  
Indianapolis, IN 46204

**PROFESSIONAL FUNDRAISER CONSULTANT  
DISCLOSURE FORM**

Consultant's name: \_\_\_\_\_

**GENERAL INSTRUCTIONS:**

1. Answer all items completely. *Please type or print legibly.* This form must comply with 11 IAC 3-4.
2. Pursuant to Indiana Code § 23-7-8-2(c), all relevant, properly executed contracts, **MUST** be submitted **BEFORE** the projected beginning date of the contractual relationship.
3. You must immediately notify the Consumer Protection Division of any change in the information contained in this disclosure form. Extra copies of this form can be downloaded at [www.state.in.us/attorneygeneral/consumer/charityfundraisers.html](http://www.state.in.us/attorneygeneral/consumer/charityfundraisers.html).
4. File with:           Office of the Indiana Attorney General  
                              Consumer Protection Division  
                              Attn: Fundraiser Registration  
                              5th Floor - Indiana Government Center South  
                              302 West Washington Street  
                              Indianapolis, IN 46204-2770

**NOTE: Please read the following definition to verify that you are completing the correct form.**

"Professional fundraiser consultant" means any person who is hired for a fee to plan, manage, advise, or act as a consultant in connection with soliciting contributions for, or on behalf of, a charitable organization, but who does not actually solicit contributions as a part of the person's services or employ, procure, or engage a compensated person to solicit contributions. The term does not include a charitable organization, or a bona fide officer, employee, member, or volunteer of a charitable organization, that solicits on its own behalf.

## **DISCLOSURE FORM**

1. Provide the name, title, address, and telephone numbers of the person to contact regarding this disclosure form and its accompanying contract:

Name	Title	
Street Address		
Mailing Address (if different )		
City	State	Zip
Telephone Number (including area code and extension)		
Telefax Number (if applicable)		
E-mail Address (if applicable)		

2. Provide the name, address, and telephone number of the charitable organization with which you are working:

Name		
Street Address		
Mailing Address (if different )		
City	State	Zip
Telephone Number (including area code and extension)		
Telefax Number (if applicable)		

3. Provide the beginning and ending dates of the contract:

Begin \_\_\_\_/\_\_\_\_/\_\_\_\_      End \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Provide the dates when you plan to begin and end acting as a professional fundraiser consultant for this charitable organization.

Begin \_\_\_\_/\_\_\_\_/\_\_\_\_      End \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Indiana Code § 23-7-8-2(c) requires that your contract with the charitable organization must:

- (a) identify what services you are to provide; and
- (b) indicate whether you will at any time have custody of contributions.

Does your contract comply with these requirements?

Yes ☐

No ☐

PLEASE INDICATE ON WHAT PAGE(S) OF THE CONTRACT THIS INFORMATION APPEARS:

Services to be provided \_\_\_\_\_

Custody of contributions \_\_\_\_\_

## Consultant Disclosure Form